

**PART III - CLAIM FOR PLOT COST ALLOWANCE****IMPORTANT** - Complete only if burial was NOT in a national cemetery or cemetery owned by the Federal Government.

23. WAS BURIAL (WITHOUT CHARGE FOR PLOT OR INTERMENT) IN A STATE OWNED CEMETERY, OR SECTION THEREOF, USED SOLELY FOR PERSONS ELIGIBLE FOR BURIAL IN A NATIONAL CEMETERY?

24. PLACE OF BURIAL OR LOCATION OF CREMAINS

25A. COST OF BURIAL PLOT (*Individual Grave Site, Mausoleum Vault, or Columbarium Niche*)

25B. DATE OF PURCHASE

25C. DATE OF PAYMENT

\$

26A. HAVE BILLS BEEN PAID IN FULL?

26B. AMOUNT PAID

27. WHOSE FUNDS WERE USED?

☐ YES ☐ NO (*If "No," complete Item 26B*)

\$

28A. HAS PERSON WHOSE FUNDS WERE USED BEEN REIMBURSED?

28B. AMOUNT OF REIMBURSEMENT

28C. SOURCE OF REIMBURSEMENT

☐ YES ☐ NO (*If "Yes," complete Items 28B and 28C*)

\$

29A. HAS ANY AMOUNT BEEN, OR WILL ANY AMOUNT BE, ALLOWED ON EXPENSES BY STATE OR FEDERAL AGENCY?

29B. AMOUNT

29C. SOURCE

☐ YES ☐ NO (*If "Yes," complete Items 29B and 29C*)

\$

**PART IV - CERTIFICATION AND SIGNATURE**

I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief.

30A. SIGNATURE OF CLAIMANT (*If signed by mark, complete Items 36A thru 37B*)  
(*If signing for firm, corporation, or State agency, complete Items 30B thru 31*)

30B. OFFICIAL POSITION OF PERSON SIGNING ON BEHALF OF FIRM, CORPORATION OR STATE AGENCY

31. FULL NAME AND ADDRESS OF THE FIRM, CORPORATION, OR STATE AGENCY FILING AS CLAIMANT

**NOTE** - Where the claimant is a firm or other unpaid creditor, Items 32A thru 35 **MUST** be completed by the individual who authorized services.

I CERTIFY THAT the foregoing statements made by the claimant are correct to the best of my knowledge and belief.

32A. SIGNATURE OF PERSON WHO AUTHORIZED SERVICES (*If signed by mark, complete Items 36A thru 37B*)32B. NAME OF PERSON AUTHORIZING SERVICES (*Type or Print*)33. ADDRESS (*Number and street or rural route, city or P.O., State and Zip Code*)

34. DATE

35. RELATIONSHIP TO VETERAN

**WITNESS TO SIGNATURE IF MADE BY "X" MARK****NOTE** - Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

36A. SIGNATURE OF WITNESS

36B. ADDRESS OF WITNESS

37A. SIGNATURE OF WITNESS

37B. ADDRESS OF WITNESS

**PENALTY** - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.**DEPARTMENT OF VETERANS AFFAIRS HEADSTONES AND MARKERS**

The Department of Veterans Affairs will furnish, upon request, a Government headstone or marker at the expense of the United States for the unmarked graves of certain individuals eligible for burial in a national cemetery, but not buried there. These individuals include any veteran with an other than dishonorable discharge who dies after service or any serviceman or service woman who dies on active duty. Certain other individuals may also be eligible for the headstone or marker. Headstones or markers for all individuals in a national or post cemetery are furnished automatically without request from the family.

For additional information and an application, contact the nearest VA office.